



## Party Certificate of Nomination

All signatures on the Form must be notarized. Parties must submit nominations for Statewide Offices to the Office of the State Election Commissioner and all other nominations to the Department of Elections in the county where the candidate resides. The information on this form is Public Information under the provisions of the Freedom of Information Act.

The \_\_\_\_\_ Party hereby nominates \_\_\_\_\_

as a candidate for \_\_\_\_\_ District \_\_\_\_\_.  
in accordance with 15 Del C. §3301 or 15 Del.C §7103

He/she resides at \_\_\_\_\_  
*House # Street City Zip Code*

\_\_\_\_\_  
*Mailing Address if different from residence address*

\_\_\_\_\_  
*Telephone number (optional)*

\_\_\_\_\_  
*Email address (optional)*

\_\_\_\_\_  
*Website address (optional)*

For minor Parties - the above named candidate was nominated at our nominating convention held on

\_\_\_\_\_ 20\_\_\_\_ at \_\_\_\_\_.

I, \_\_\_\_\_, hereby accept the above nomination. \_\_\_\_\_  
*Full name of candidate Candidate's signature*

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
*My commission expires*

*Notary*

We the Presiding Officer and Secretary of the \_\_\_\_\_ Party hereby affirm that information contained herein is true and authorized by the party executive committee. We are cognizant of the penalties in §3308.

### Presiding Officer certification

\_\_\_\_\_  
*Full Name*

\_\_\_\_\_  
*Signature*

Subscribed and sworn before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
*Notary*

My commission expires \_\_\_\_\_

### Party Secretary certification

\_\_\_\_\_  
*Full Name*

\_\_\_\_\_  
*Signature*

Subscribed and sworn before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
*Notary*

My commission expires \_\_\_\_\_